

**Statewide Epidemiology Workgroup
MINUTES**

DATE: October 18, 2018
TIME: 9:00 a.m.

TELECONFERENCE ONLY: (888) 636-3807 / Access Code: 1961091

BOARD MEMBERS PRESENT

James Kuzhippala, Chair, Truck Meadows Community College (TMCC)
Julia Peek, Division of Public and Behavioral Health (DPBH) and proxy for Ihsan Azzam, DPBH
Ingrid Mburia, DPBH, Maternal Child Health Program
Kathryn Barker, Southern Nevada Health District (SNHD)
Marco Erickson, Bureau of Behavioral Health Wellness and Prevention (BBHWP)
Richard Egan, Office of Suicide Prevention
Ishan Azzam, Division of Public and Behavioral Health
Judy Henderson, Nevada Coalition to End Domestic and Sexual Violence
Ying Zhang, SNHD
Yenh Long, Board of Pharmacy

Trey Delap, Group Six Partners
Brandon Delise, proxy for Ying Zhang

BOARD MEMBERS ABSENT

Eric Ohlson, Washoe County School District
Jim Jobin, Vogue Recovery Center
John Fudenburg, Clark County Coroner
Wei Yang, NV Center for Health Statistics and Information, UNR
Pauline Salla, Division of Child and Family Services
Stephanie Asteriadias-Pyle, CASAT, UNR

STAFF & GUESTS PRESENT

Lea Cartwright, Nevada Psychiatric Association
Jen Thompson, Department of Health and Human Services, Office of Analytics
Joan Waldock, Substance Abuse Prevention and Treatment Agency
Raul Martinez, Substance Abuse Prevention and Treatment Agency
Bob Demarco, Division of Public and Behavioral Health

July 9, 2018

1. Introductions, Announcements, and Roll Call.

James Kuzhippala determined a quorum was present.

2. Public Comment.

There was no public comment.

Judy Henderson from the Nevada Coalition to End Domestic and Sexual Violence said that October is Domestic Violence Awareness Month. They received a new research report, published by the Violence Policy Center, on men murdering women. Nevada is now number three in the nation for domestic violence related homicide. Although this is not a good announcement, it is important to bring awareness to how serious and complex these issues are relating to domestic violence and the healthcare of these individuals.

Richard Egan from the Office of Suicide Prevention added to what Judy Henderson said, looking at the suicides and homicides that are they are looking at, Southern Nevada is on the higher end of these national statistics.

James Kuzhippala said that information like this will be very useful as the Office of Analytics works on the next edition of their report.

3. Approval of Minutes from July 09, 2018 Meeting.

Kathryn Barker made a motion to approve the minutes as presented. Richard Egan seconded the motion.

The motion passed unanimously.

4. Update on Web Infrastructure for Treatment Services.

Bob Demarco said that the WITS project has many facets. The first facet is the Centralized Data Repository. They will be replacing the current process that the providers use to upload information on a monthly basis for TEDs and NOMs data as well as for the State, Block Grant, and Targeted Response. They have tested the standard product thoroughly, and have moved it into production. They are ready to take on the vendors who will be submitting data. They have been in contact with all of them regarding this process, and have received their feedback. They are working with the software vendor to answer their questions. Once this is complete, They will be able to move into the testing phase. There currently is not any set dates for when this will happen yet because the providers will need to adjust their process to accommodate the new system. There will also be some technical assistance and training that will need to be provided. They have been prioritizing the providers that will help test the system to make sure that they are prepared to use it. Once we move into production, the old system will be discontinued. There has been a miscommunication that the new system is already in use to submit data. It is not, but it is ready to go. One issue that is being encountered is that the establishment of five data fields. One of the data field that will be used for TEDs is the Mental Health Update. What we are trying to figure out is what constitutes a mental health update and what triggers it. Once this is resolved, providers will have to be informed as to how that transaction is established. The next part of the project is the WITS modules for prevention, treatment contract management, and billing. We have in place the release that we are going to implement. This is currently in the testing and training phase. We are hopeful that, in the next month, this will be moved into production, and we can start bringing treatment providers and prevention coalitions on board. We have had many providers express interest in moving over to WITS from the NHIPs and Avatar systems. We have been telling these providers to keep sending data the way that they currently are, and once the new system has been tested then they will be brought into the process. This system will have a solid base, but will have the ability to be configured to meet the needs of individual providers. There are costs, however, associated with configuring the system to meet specific needs.

James Kuzhippala asked for more information regarding the question of what is considered a mental health update. There is a TED manual that is put out by SAMHSA, does it define what would be considered a mental health update.

Bob Demarco answered that when they tested the uploads it was sent as a discharge, so it did not specify a separate mental health update. The reason that we are configuring it the way we are is because other states have done it this way. We are also uploading episode data, which has not been in the system before. This will help the State because we will be able to get repository episode data. When we tried to incorporate the mental health update piece, which would go to SAMHSA, they said they do not take that data. It must be categorized as a discharge record. We just need to figure out what the trigger mechanism is to create that file.

Bob Demarco added that another interesting piece of this is a field that has been added that asked how many months it has been since a patient last used a substance. Since it is a numeric field, you cannot put zero in the field. We have to find a way to say that this data is not collected at a specific provider, that this data is not applicable, and that it might be unknown. We have to find a way to allow them to enter the proper data and code for us. Since this is very relevant information we want to make sure that there is a mechanism for it to be accurate. We are trying to set up defaults for the providers, so that if they are unable to collect the data they will send us an appropriate code. We have been working with SAPTA on this issue, so that we have good direction for what the State needs to collect. When the data is not collected, we will be able to report that and have discussions with the providers about the importance of collecting this data.

Marco Erickson added that they have been working with the developers in order to utilize the system to develop SYNAR data. We have been working with the Attorney General's office on this. It would be more useful to use one data system to complete the work that we have for a lot of these requirements instead of multiple systems. It is very important that, when work in the communities is taking place, we are able to have accurate data, and that it is being entered in real time.

Bob Demarco said that this would all be integrated into the same database with the prevention module. Another point of interest is the discussion around the jail diversion system, but we are not sure where that is. Another piece that might be useful is the gaming module in WITs, and some have expressed interest in utilizing it. As we move forward, we will discuss if we want to bring these pieces onto the WITs system.

Julia Peek added that as part of the opioid crisis grant we are working on building jail diversion and overdose reporting modules.

James Kuzhippala asked if there are any identifiers collected in any of the modules that we can use to match with our other databases, or is it completely deidentified.

Bob Demarco answered that it is completely deidentified at this time. A decision was made that there will not be any personal health information included in the system.

5. Update on Legislative Issues, Including the Bill Draft Request (BDR) for Real Time Overdose Reporting for Emergency Medical Services (EMS) and Law Enforcement

Julia Peek said that she had provided information at the last meeting regarding the work that the Attorney General's Office was doing for a bill on real time reporting from first responders. The language so far does not specify a data system to be used. There are several options that are being considered for this purpose. Most of them are in app form for ease of use for first responders. The next update is a BDR proposal that will be coming from the Northern and Southern Regional Behavioral Health Board. They have both indicated that they want tracking of emergency admissions for civil commitments. There is language being introduced that would require reporting of these cases so that we have a better idea of what this looks like in our communities which is a gap in our current reporting system.

James Kuzhippala asked if that information was currently being tracked in any way.

Julia Peek answered that nothing is being collected at this time. Typically, law enforcement will interact with an individual, and they will put them into involuntary admission. Law enforcement

will then follow a document that will guide them through the process, but it is not centralized. It is extremely difficult to see which individuals are getting multiple L2Ks. We have heard, in some cases, one individual can get up to three L2Ks in one day. We need a process to track this, so that we can better understand what we need to do to address any issues.

Julia Peek added that there was one more update that she needed to give. There are two bills being introduced related to reporting of providers by specialty. One of the bills is being introduced by the Interim Health Committee. This one will require the providers to annually provide to the Division of Insurance their area of practice, specialty, where they practice, and the time during which they practice. They are interested in this out of a concern for network adequacy, but for public health concerns, as well as for the general public, it is great to know when and where providers are practicing and what their specialties are. The other bill that is being introduced by Senator Hardy is very similar. This bill would require similar reporting that would go to the boards. At some point in the process I would expect the two bills to mesh together, or one to trump the other, but, at the end of the day, there is a high level of interest in gathering this information from providers.

James Kuzhippala asked what other variables that there might be in the information that is being collected from providers. Will there be National Provider Identifier (NPI) numbers that could be utilized for the cancer registry?

Julia Peek answered that the bills ask for NPI and Drug Enforcement Administration numbers. I think those are two variables that are in both requests.

Yenh Long asked if Senator Hardy's bill mentions which boards might be collecting that information.

Julia Peek answered that whichever board the provider is licensed with would be receiving the information from the providers. The Division of Insurance agreed that they could do this, but I do not think that they understand the complexity in following up with all the providers in the state to make sure that they are in compliance. I assume a fiscal note will be attached at some point, but we will have to wait and see what moves forward.

6. The Center for the Application of Substance Abuse Technologies (CASAT) Presentation on Roles for Evidence-Based Workgroup and Advisory Council in the Partnership for Success (PFS) Grant. James Kuzhippala said that because of changes, CASAT would like to hold off on this presentation until the next meeting, but Marco Erickson might want to mention a few things here.

Marco Erickson said that SAPTA is part of the PFS grant and that they have just been awarded the grant. Part of what SEW needs to do is to identify a lead epidemiologist that SAPTA can work with directly. This person will assist in data collection. SAPTA also has a SEW lead analyst, which is currently Meg Matta. These individuals must be specifically identified for the purpose of the grant. We still need to put out information for the evaluation component. There is \$150,000 dedicated to SEW activities. In the past, most of this money has been allocated to YRBS. There is an expectation that we will resurrect the Evidence-Based Practice Workgroup that will review the activities that are taking place and will make implementation decisions for the coalitions based on evidence based practices. When we have updates, working with the lead epidemiologist, we will work to bring them directly to the SEW. This information will then be brought to the MPAC. These three groups will work together to make sure that this project is going well. This is something that has previously been identified as a weakness.

James Kuzhippala asked when the two previously mentioned positions needed to be filled.

Marco Erickson answered the requests for proposals needed to be put out in the next few months. If there is a volunteer for the lead epidemiologist within this group, we could put their name down and send their information to the Feds. I do not know how much work will be required, but there will be a lot of consulting and processing data. They would also be the liaison to the SEW for PFS.

James Kuzhippala asked that if anyone was interested, they reach out to Marco Erickson.

7. The Center for the Application of Substance Abuse Technologies (CASAT) Feedback on Prioritizing Substance Areas for the Substance Abuse Mental Health Services Administration's PFS Proposal.

This agenda item was consolidated with agenda item number 6.

8. Maternal Child Health Presentation on Highlights Related to Substance Issues.

James Kuzhippala mentioned that the presentation was not quite ready, but asked if Ingrid Mburia could give an update on Pregnancy Risk Assessment Monitoring System data.

Ingrid Mburia said that Nevada has just completed the data collection which began in September, 2007. Once the data is compiled, analysis will begin. There are state specific questions related to substance use included in this data. Such questions include asking mothers if they have taken opioids during a pregnancy and whether they were prescribed by a doctor. This question's purpose is to ascertain where they obtain the opioids. There are also questions on marijuana and alcohol use, as well as other drugs, during pregnancy. They are currently waiting on additional data from the CDC, and they do not have a time frame for when that information will come, but they are hopeful that it will come within the next few months.

James Kuzhippala asked how the sample is selected for those specific questions. Is there a simple random sample, or is there a specific population?

Ingrid Mburia answered that it is a random sample. The sample is pulled with a specific number of mothers from Clark County, Washoe County, and the rest of the state. They make an effort to balance the sample between these three areas.

James Kuzhippala asked if we are able to compare our data with that of surrounding states.

Ingrid Mburia answered that a majority of the states asked most of the same questions, but there are state specific questions that are asked. About forty questions are asked by all states, and within these questions, we are able to draw a comparison with other states. Additional funding from the CDC was received to ask supplemental questions on opioid use and disabilities.

9. Discussion on Membership Attendance.

James Kuzhippala said that there were several members who have been absent from the last few meetings. These members have been contacted directly. John Fudenburg from the Clark County Coroner's Office has been very busy, but he mentioned that they will be hiring a forensic epidemiologist. Once that individual is hired, they will take his place on the SEW. In addition, Jim Jobin from Vogue Recovery Center has left his position and the center is looking for a replacement for him. They would like to remain involved with the SEW. The nice thing about the SEW is its diverse membership as well as the diversity of the organizations that its members represent. If we need membership from a certain organization or type of organization, we are not at our maximum number of members, so we are free to grow if we need to. If John Fudenburg and Jim Jobin do not have replacements, we can then discuss removing them at a future meeting.

10. Discuss and Determine Priority Reports for Upcoming Year.

James Kuzhippala said that, historically, when the Epidemiological Profile is being developed, it has been important to identify priorities at the beginning of that process. One of the things that was mentioned, earlier in the meeting, was the need to look at homicide and suicide. Are there other things that the Workgroup would like to have prioritized in future reports?

Marco Erickson suggested that marijuana trends be considered.

James Kuzhippala asked if Marco Erickson knew when the Department of Taxation started collecting data on marijuana.

Marco Erickson responded that he did not know, but that it would be important to other projects to look at marijuana trends and usage rates. It would be useful to look at usage rates among youth as well as factors regard specific marijuana products, and to compare this information with that of other states.

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Katheryn Baker added that it would also be important to look at marijuana associated injuries, specifically injuries related to motor vehicle accidents.

James Kuzhippala added that they should be able to look at injuries related to marijuana use using hospital billing codes. If someone is involved in a car accident involving marijuana, but does not go to the hospital, is that information collected somewhere?

Jen Thompson answered that the information was not collected by the Office of Analytics, but perhaps the Fatality Analysis Report from the Department of Public Safety might show some data.

Ishan Azzam asked if there has been an increase in traffic stops for people who are driving under the influence of marijuana, and how it is being measured.

Katheryn Barker added that the main concern that other states are seeing is the increase in individuals who are driving under the influence of both marijuana and alcohol.

James Kuzhippala asked if there is anything in the Behavioral Risk Factor Surveillance System (BRFSS) data that shows data on driving under the influence of either alcohol or marijuana.

Marco Erickson said that he has not seen these questions on any surveys, and he is not sure how law enforcement tests for the influence of marijuana.

Ishan Azzam said that questions regarding driving under the influence of alcohol, marijuana, or both should be included in the BRFSS.

James Kuzhippala said that if these questions are not already being asked, these points could be summarized into a simple question.

Yenh Long said that the 2017 Youth Risk Behavior Surveillance System (YRBSS) included a question about using a motor vehicle under the influence of marijuana one or more times during the thirty days prior to taking the survey.

James Kuzhippala asked if there was a similar question in BRFSS.

Jen Thompson said that she did not remember if there was a similar question in BRFSS.

Katheryn Barker recommended that more questions are included in the surveys regarding marijuana and that the questions that other states may be asking are considered.

Julia Peek mentioned that there cannot be any more questions added to the survey, so some questions may need to be cut to accommodate.

Ishan Azzam said that occupational exposure to marijuana and workplace injuries related to marijuana should be addressed especially after the legalization of marijuana. Some of this information could be gathered from workman's compensation.

James Kuzhippala asked if some of that information could be obtained from OSHA.

James Kuzhippala said that while looking over the previous report, he saw that the primary special populations that were focused on were newborns, the LGBT community, and youth. In addition to those, are there any other populations that should be included? Marijuana seems to be the focus of interest for future reports, and, looking at the current data that is being collected, a special report could be created.

Ishan Azzam asked if vaping and e-cigarettes are considered when looking at substance abuse data, and if that data is collected.

James Kuzhippala said that vaping is included as a question in the YRBSS, but is not sure about the BRFSS. It could potentially be included.

Marco Erickson said that the Department of Education conducts a School Climate Survey, and this report could give a better idea of what is going on because almost all students take the survey. They are using a new tool called Peer Match which allows communities to compare themselves to others to help drive decision making.

James Kuzhippala said that the priority reports and special populations that SEW would like to focus on for the upcoming year are marijuana and general substance use, newborns, LGBT community, and youth.

James Kuzhippala requested a motion to accept these as the priorities for the upcoming report.

Ishan Azzam moved and Katheryn Barker seconded.

The motion passed unanimously.

11. Review and Approval of Final Draft of Data Profile.

James Kuzhippala said that Jen Thompson and her team have devoted a tremendous amount of time and effort into putting together this profile.

Jen Thompson said that veterans were removed as a special population because the available data wasn't related to mental health or substance abuse. They will be putting together a special report on veteran suicide that will be released in the near future. They will try to add more mental health data to that report. Tobacco related data was added to the newborn section of the report. Neonatal substance use was also included.

Ishan Azzam commented that he found it odd that the report shows a higher population among males in Nevada than females. This is odd because the trend in other states is the opposite, and people might object to this statistic. An explanation is required.

James Kuzhippala asked Jen Thompson if these numbers were projections.

Jen Thompson responded that this information was based on census data and data regarding people who are moving to and from Nevada. She said that she can reach out to the State Demographer to find out why Nevada is different in this data.

Ishan Azzam said that we need to make sure that this data is consistent with the census.

James Kuzhippala asked if this is an abnormality when looking at other states.

Ishan Azzam said that generally there are always more females than males. One of the reasons is that the life expectancy among females is about 4% higher than males. We need to find out if this observation is correct, and if so, why is it happening.

James Kuzhippala said that we will be sure to look at this data compared to what the census projects.

Jen Thompson said that the other things that are soon to come out of the Office of Analytics include the veterans suicide report, legislative profiles, and the minority health report.

Ishan Azzam commented that page thirteen of the report shows the frequencies of mental health related emergency department encounters are increasing, but we do not really know if we can see this increase by rate.

Jen Thompson said that this is a common question that they get about this graph, and that the rates are provided. It is a true increase.

Marco Erickson said that the increase makes sense because of nationwide stigma reduction.

Jen Thompson said that, according to the census, Nevada has more males than females.

Ishan Azzam said that now we need to explain as to why there are more males than females in Nevada.

Jen Thompson said that she will reach out to the State Demographer for further information.

James Kuzhippala mentioned that Ishan Azzam had made a suggestion that in the next profile, that rates and frequencies should be included within context.

Jen Thompson said that this can be difficult because these numbers are broken down by quarter.

Ishan Azzam said that it is important to show increased frequencies in the context of the rate of population growth. If frequencies are not increasing at the rate of population growth, it could show that we are doing something right.

Jen Thompson said that her team will look into including this on the next report.

Ishan Azzam asked if the state graduation rate can be broken down by county.

James Kuzhippala said that there are coalition specific reports that break down graduation rates by county.

Ingrid Mburia asked if it was possible to include specific notes on what substances were included in the relevant data.

James Kuzhippala requested a motion to approve the Epidemiological Profile with the updates requested by the SEW.

Katheryn Barker Moved and Richard Egan seconded.

The motion passed unanimously

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12. Make Recommendations for the 2019 Meeting Schedule.

James Kuzhippala said that the next SEW meeting will take place in January of February of 2019. He asked the members to notify staff of times when they would not be available for a meeting. A poll will be sent out to find dates and times that will fit everyone's schedule, so that we can have as many members attend as possible.

13. Public Comment

Julia Peek said that Leah Cartwright had sent her question regarding the Epidemiological Profile to the Workgroup via email.

James Kuzhippala read Leah Cartwright's comment.

Jen Thompson will respond to her concern.

14. Adjourn

The meeting adjourned at 10:56 a.m.

DRAFT